

Branch

RESTORATION, INC.
Disaster & Environmental Solutions

April 22, 2016

Total 4 Pages

EPA
NESHAPS Coordinator
Air Facilities Branch
290 Broadway, 21st Floor
New York, NY 10017

Location: 120 East 75th Street
New York, NY 10021
Various Locations

To Whom It May Concern:

Please be advised that we are removing an **additional 160 linear feet of ACPI** located on at the above noted job location.

I have enclosed for your information, a copy of original Notification filed with your office on September 9, 2015 along with our Amendment Letter dated February 8, 2016.

Please do not hesitate to contact me should you require any additional information or clarifications.

Sincerely,



Michael J. Caputo
President

Branch
RESTORATION, INC.
Disaster & Environmental Solutions

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2016 FEB 12 PM 2:27

BRANCH RESTORATION, INC.

February 8, 2016

Job No. 16-2185-ASB
Via Fax: 212-637-3998
Total 3 Pages

EPA
NESHAPS Coordinator
Air Facilities Branch
290 Broadway, 21st Floor
New York, NY 10017

Job Location: 120 East 75th Street
New York, NY 10021
Various Locations

To Whom It May Concern:

Please be advised that we are amending the **Completion Date to 9/10/2016.**

Also, we are removing an **additional 520 linear feet of ACPI** located on at the above noted job location.

I have enclosed for your information, a copy of original Notification filed with your office on September 9, 2015.

Please do not hesitate to contact me should you require any additional information or clarifications.

Sincerely,



Michael J. Caputo
President

Notification of Demolition and Renovation

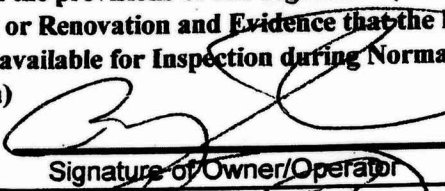

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| | | | | |
|--|----------------------------------|--|---------------------|-------------------|
| I. Facility Information (Identify owner, removal contractor, and other operator) | | | | |
| Owner: | 75th Street Apartment, Inc. | | 2015 SEP -9 PM 4:19 | |
| Address: | 120 East 75th Street | | | |
| City: | New York | State: | NY | Zip: 10021 |
| Contact: | Eileen Cannon | | Tel: 212 692-8356 | |
| Removal Contractor: Branch Restoration, Inc. | | | | |
| Address: | 261 West 35th Street, Suite 1408 | | | |
| City: | New York | State: | NY | Zip: 10001 |
| Contact: | Michael J. Caputo | | Tel: 212 244-8441 | |
| Other Operator: | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Contact: | | | Tel: | |
| II. Type of Notification (O = Original / R = Revised): O | | | | |
| III. Type of Operation (D = Demolition / R = Renovation): R | | | | |
| IV. Is Asbestos Present: (Yes/No) Y | | | | |
| V. Facility Description (Include building name, number and floor or room number) | | | | |
| Building Name: | | | | |
| Address: 120 East 75th Street | | | | |
| Address: | | | | |
| City: | New York | State: | NY | County: Manhattan |
| Site Location: | Various Locations | | | |
| Building Size: | Sq. Meter: | Sq Ft.: 56,502 | # of Floors: 9 | Age In Years: 92 |
| Present Use: Residential | | Prior Use: Residential | | |
| VI. Procedure, Including Analytical Method, If appropriate, Used to Detect the Presence of Asbestos | | | | |
| Material: | | | | |
| Polarized Light Microscopy (PLM & Transmission Electron Microscopy (TEM) | | | | |
| VII. Approximate Amount of RACM to be Removed and Non Friable Asbestos Material That Will Not be Removed. Specify the Amount of Asbestos Below: | | | | |
| | RACM To Be Removed | Non friable Asbestos Material Not to be Removed ----- Category I Category II | | |
| Pipe - Linear Feet | 330 | | | |
| Pipe - Linear Meters | | | | |
| Surface Area - Square Feet | | | | |
| Surface Area - Square Meters | | | | |
| Volume RACM Off Facility Component - Cubic Feet | | | | |
| Volume RACM Off Facility Component - Cubic Meter | | | | |
| VIII. Scheduled Dates of Asbestos Removal (MM/DD/YY) | | Start: 9/21/15 | Completion: 3/21/16 | |
| IX. Scheduled Dates of Demo/Renovation (MM/DD/YY) | | Start: | Completion: | |

continued on page 2

Figure 1. Notification of Demolition and Renovation

Notification of Demolition and Renovation

| | | | |
|---|-----------|---------------------------------|----------------|
| X. Description of Planned Demolition or Renovation Work, And Method(s) to be Used: | | | |
| Removal of Friable Pipe Insulation-Utilizing Tent Procedures. | | | |
| XI. Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site: | | | |
| Tent Procedures with Remote Decontamination Unit , HEPA Filter, Negative Air Units. | | | |
| XII. Waste Transporter #1 | | | |
| Name: ATC Transportation Co., Inc. | | | |
| Address: 2 Moriches Middle Island Rd. | | | |
| City: Shirley | State: NY | Zip: 11967 | |
| Contact Person: Butch/Kenny | | Tel: 631-924-5050 | |
| Waste Transporter #2. | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact Person:: | | Tel: | |
| XII. Waste Disposal Site | | | |
| Name: Minerva Enterprises, Inc. | | | |
| Address: 9000 Minerva Rd. | | | |
| City: Waynesburg | State: OH | Zip: 44688 | |
| Telephone: 330-866-3435 | | | |
| XIV. If Demolition Ordered by a Government Agency, Please Identify the Agency Below: | | | |
| Name: | | Title: | |
| Authority: | | | |
| Date of Order (MM/DD/YY): | | Date Order to Begin (MM/DD/YY): | |
| XV. For Emergency Renovations | | | |
| Date and Hour of Emergency (MM/DD/YY): | | | |
| Description of the Sudden, Unexpected Event: | | | |
| Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of industrial Operations: | | | |
| XV. Description of procedures to be Followed in the Event that Unexpected Asbestos is found of Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder. | | | |
| Application of amended water, Hepa vacuuming. | | | |
| XV. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection during Normal Business hours. (Required 1 year after Promulgation) | | | |
|  Signature of Owner/Operator | | | 9/3/15 Date |
|  Signature of Owner/Operator | | | 9/3/15 Date |